

Community Choice Waiver Provider Training

Waiver Service Index and Definitions



Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section



HOME AND
COMMUNITY-
BASED
SERVICES

Good afternoon and thank you for joining us for today's Community Choices Waiver Provider support call training. I am Shirley Lueders of the Home and Community Based Services Section. Today's training will cover the Community Choices Waiver Service Index and Definitions.



To review the CCW services
as outlined in the CCW
Service Index

The purpose of today's training is to review the Service Index and explore the services available on Community Choices Waiver, commonly known as the CCW, as they are defined in the Service Index and the CCW agreement.

Training Agenda

- Review the CCW Service Index
- Discuss the service definitions
- Establish methods for providing feedback



Through today's training we will review the CCW Service Index, including where to find it, how it was created, and its purpose. We will discuss the service definitions, including provider qualifications for each service and the service's purpose, scope, and limitations. Finally, we will establish the methods for providing feedback available for all CCW providers.

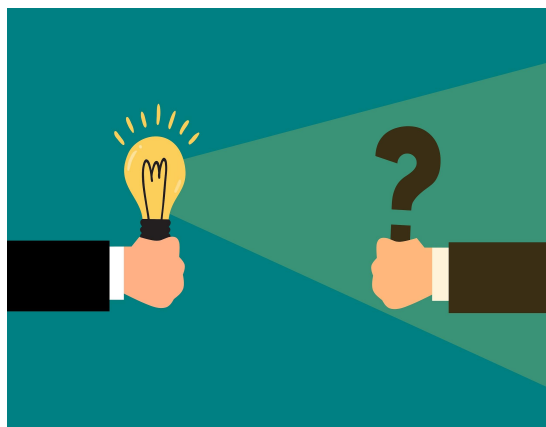


A theme throughout all of the Division's provider training is the fact that home and community-based waiver services are based on the tenet that people have the freedom to make choices that impact their lives.

It is the Division's obligation, and a requirement of the State of Wyoming's agreement with CMS, to assure that the qualified providers from which participants are able to choose have an understanding of what is necessary and required when delivering quality waiver services.

Where Do CCW Services Come From?

- HCBS Waiver agreement between the Wyoming Department of Health (WDH) & Centers for Medicare and Medicaid Services (CMS)
- Service Index is incorporated by Medicaid Rule
- Statutory Services required by Wyoming legislation



5

The CCW is a Home and Community Based Service waiver, or HCBS waiver. The Department of Health has partnered with the Centers for Medicare and Medicaid Services, or CMS, and agreed to program and funding that supports participants of the CCW. This agreement includes the basic descriptions and requirements for services and service providers.

The CCW agreement is supported through Wyoming Medicaid rules. As a Medicaid waiver provider, you have signed the Medicaid Provider Agreement. Medicaid providers are bound to the Wyoming Medicaid Rules when the Provider Medicaid Agreement is signed, and Wyoming Medicaid Rule authorizes the Department of Health to develop and incorporate program manuals such as the Service Index.

Additionally, many of the services authorized and funded by the CCW are statutory services, meaning that the services are associated with Wyoming legislation to support elderly individuals and adults with disabilities. Statutory Services may be defined in statute, but clarified through Medicaid Rule and the service definitions contained in the service index.

Services Required by Statute



- WS 9-2-12 addresses Senior Citizens in Wyoming
- Outlines required services and identifies specific community-based in-home services that may be included, but available services are not limited to those listed in statute

6

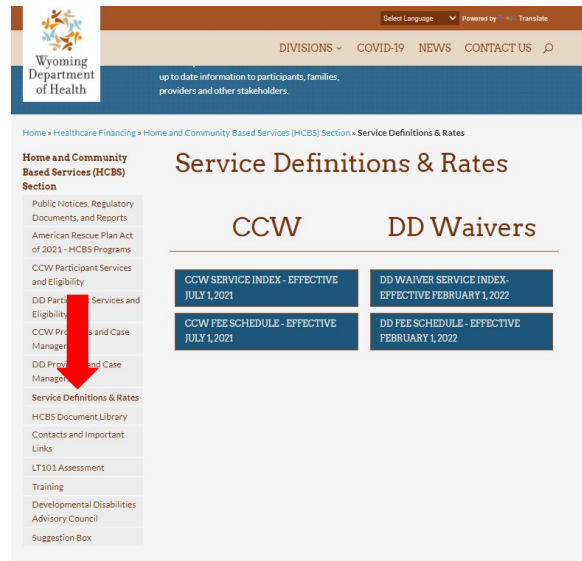
Wyoming State Statute Title 9, Chapter 2, Article 12 specifically addresses Senior Citizens in Wyoming. This statute requires services to be available for Wyoming's aging population and identifies specific community based in-home services that may be included, but are not limited to what is outlined in statute.

As we previously discussed, services are approved as part of the CCW agreement with CMS to receive a federal funding match. The CCW agreement, Appendix C is the home to the services allowable as part of the CCW program. Appendix C will identify if the waiver service is a statutory service, an extended state plan service, or other. This particular designation of service type listed in the CCW agreement does not have any effect on its validity or availability, but does provide an explanation to CMS of how the service is created and if it is required by law.

Once the CCW Agreement is approved, the HCBS Section creates and updates the service index as necessary. Updates to the Service index may occur as a result of changes to waivers, rules, and other necessary updates that provide clarification regarding the service and its provision.

Where Can I Find Service Definitions?

- The Service Definitions & Rates page of the Division's website.
- Updated regularly to reflect the most accurate and current billing codes, units, rates, and clarifying details



The CCW Service Index and fee schedule can be found on the [Service Definitions and Rates page](#). The Service Index is intended to be a one stop shop for information about service definitions, billing codes, and rates. It is a guide for case managers, providers, and participants to use so they can understand the requirements and limitations of each service, as well as qualifications, required documentation, and other expectations that are specific to each service. Provider documentation must demonstrate that the provider is meeting service definitions when delivering services.

The Service Index is a subregulatory document that supports the waiver administration and provides service specifics in an easy to read format. The Service index is updated regularly, with waiver agreement renewals and other administrative updates, to reflect the most accurate and current billing units, rates, and additional or clarifying details that are associated with the service.

Waiver Services & Other Services

→ Waiver services shall not duplicate services available through other funding sources, such as:

- ◆ Vocational Rehabilitation
- ◆ Workforce Services
- ◆ Medicare
- ◆ Medicaid State Plan

→ CCW is the payer of last resort

→ Service eligibility once all other funding options have been exhausted.



8

CCW services are intended to bridge service gaps to support participants in the least restrictive manner within their homes and communities. This means that waiver services shall not duplicate services offered through alternate funding sources, such as the Division of Vocational Rehabilitation or Department of Workforce Services, Medicare, and the Medicaid State Plan. Waiver services are intended to provide the necessary to keep participants in their homes and communities, instead of institutions. The services offered by the CCW may be an extension of services available through Medicaid. For example, home health aide services are available through the Medicaid State Plan for all Medicaid eligible individuals. However, participants of the CCW may require additional home health aide services to remain in their home and avoid admission in a nursing home.

The CCW is the payer of last resort, meaning services are available for participants once all other funding sources have been exhausted.

Additional Provider Qualifications

- Many services require additional licensure, such as:
 - ◆ ADS
 - ◆ ALFs
 - ◆ CNAs & Nurses
 - ◆ Home Delivered Meals
- Providers may also be required to have an NPI number
- Service definitions include necessary qualifications for the service provider
- Service definitions updated anytime required qualifications change

9

The CCW agreement also outlines additional qualifications necessary to provide the services of the CCW. Many CCW service providers are required to have additional licensure or approval through other State of Wyoming entities. For example, the Division of Aging licenses all Adult Day Service (ADS) and Assisted Living Facility (ALF) providers. The Wyoming Board of Nursing licenses all Certified Nursing Assistants (CNAs) and nurses. The Home Delivered Meal providers must be licensed by the Division of Aging as well as have a Commercial food service operators license. Obtaining and maintaining this licensure is essential to providing CCW services. If a provider, requiring a license, operates without the appropriate licensure it is a violation of the terms of the Medicaid Provider Agreement and the CCW agreement. These violations can result in immediate termination of the Medicaid Provider Agreement, loss of CCW provider certification, and may be referred to Program Integrity for potential recovery of funds.

It is important for us to point out that providers licensed by other agencies, must not only meet the licensing agency's requirements but also the HCBS requirements of the CCW. HCBS requirements include supporting and promoting the rights of participants and providing service in the least restrictive manner possible.

Some CCW providers are also required to have a National Provider Identifier Number, or an NPI number. The NPI is a unique identification number for covered health care providers. An NPI number is required for providers of ADS, ALFs, case management, home health aide, personal support, and skilled nursing.

The required and necessary qualifications for each service are listed in the service definition, which makes the Service Index an important tool for providers. When provider qualifications are updated, the Service Index is updated to reflect the changes.

Service Documentation

- Documentation requirements are outlined in Wyoming Medicaid Rule Chapter 3 “Provider Enrollment and Participation, Pre-Authorization, Payment and Submission of Claims”
- The CCW agreement also outlines documentation standards
- Documentation should demonstrate that services are provided according to the service definition.



11

Regardless of the type of service you provide, each service must be documented for each participant served. Service documentation may be identified by different terminology, for example case managers are required to submit Case Manager Monthly Reviews, referred to as CMMRs. Other terminology for documentation may include case notes or patient chart. Documentation requirements for all Wyoming Medicaid providers is outlined in Wyoming Medicaid Rule Chapter 3 “Provider Enrollment and Participation, Pre-Authorization, Payment and Submission of Claims.” The CCW has also committed to documentation standards through the CCW agreement, Appendix I, “Providers must attest to the veracity of claims submitted for Medicaid reimbursement. Waiver services are subject to the same audit and post payment review activities as any other Medicaid service. The accuracy of claim information is verified via the post payment audit processes and aligns with the program integrity standards established by 42 CFR §455. A provider's documentation must demonstrate that the services they provided are in compliance with Medicaid rules and standards. The Division may request documentation from providers anytime and as necessary within the authority of the Medicaid Provider Agreement.

It is important to consider the Service Index when documenting service delivery, as service delivery and documentation should be in alignment with the service definition. The service definition includes information about how the service is intended to support the individual first, with other supportive tasks as secondary. We will discuss this later as it applies to specific services that provide assistance to the participant, but also include light housekeeping as another support for the participant in their home.



CCW Services

11

So let's talk about the specific services available through the CCW. The next several slides will briefly discuss each service, the qualifications, and helpful tips about the service.

Adult Day Service (ADS)

- Two models: Health & Social
 - Provide group socialization and companionship
 - Health model must include realistic & measurable goals
 - Service caps for each model
- Providers must:
 - ◆ Be licensed by the Division of Aging
 - ◆ Have an NPI number

12

Adult day services are available as a health or social service model. The health model services include group socialization and companionship, assistance with activities of daily living, supervision as specified in the participant's service plan, and a measurable goal. The social model includes group socialization and companionship support to participants at risk for isolation or loneliness, but does not require a measurable goal.

In July of 2021, the billing unit for ADS changed to a half day unit. Billing codes and rates also changed. Health model services are limited to a maximum of ten half-day units per week, or the prorated equivalent of five days per week at eight hours a day. Social model services are limited to a maximum of six half-day units per week, or the prorated equivalent of three days per week at eight hours a day.

ADS providers are required to be licensed through the Division of Aging and obtain an NPI number.

Assisted Living Facilities (ALF)

- Service Includes personal care and other supportive services
- Must be furnished in a setting that meets HCBS setting requirements
- 2 Service Types: Standard Care and Memory Care
- Providers must:
 - ◆ Be licensed by the Division of Aging
 - ◆ Have an NPI number

13

Assisted living facility services include personal care and other supportive services, to the extent permitted under state law governing assisted living facilities. Services must be furnished in a residential setting that meets the home and community-based setting requirements, which must include 24-hour on-site response to address participant needs and to provide supervision, safety, and security. Services include social and recreational activities, and medication assistance permitted under state law. Meals are not included in the HCBS rate. However, providers are expected to make reasonable accommodations to meet the needs of participants and allow for storing, preparing, and consuming food of their choice.

In July of 2021, ALF services were updated to standard care or memory care services. Memory care services cannot be billed unless the participant is receiving services in a memory care unit.

ALF providers are required to be licensed by the Division of Aging and have an NPI number.

It is important to remember that ALFs should be considered the participant's residence. Participants receiving ALF services through the CCW must be guaranteed the same rights as a person not receiving waiver services. This includes the availability of food, where and when they eat their food, visitors, and access to the community.

Case Management

→ All participants required to have a case manager

→ Service includes:

- ◆ Facilitation & oversight of the development of service plan
- ◆ Service coordination & referral
- ◆ Service plan monitoring
- ◆ Conduct follow-up
- ◆ Identifying risks and concerns
- ◆ Assessing satisfaction with services & supports

→ Case Management Agencies must:

- ◆ Meet education and experience requirements
- ◆ Be in good standing with the Wyoming Secretary of State **or** be a County Public Health Nurse
- ◆ Have an NPI number

15

Case management is the only required waiver service, which means that every participant must have a case manager. The case manager is the key to effectively delivering waiver services. From developing a service plan that clearly addresses the participant's wants and needs to assessing participant satisfaction, the case manager plays a critical role in assuring that the participant receives quality services.

Case managers facilitate and oversee the development of a person-centered service plan, and make periodic revisions as needed. Case managers conduct tasks that relate to service coordination and referral, such as scheduling appointments for the participant and linking them with medical, social, and educational providers or programs that may or may not be funded through the CCW.

Case managers monitor the service plan and conduct identified follow-up activities, including activities and contacts that are necessary to ensure that the service plan is effectively implemented and adequately addresses the needs and desires of the participant. Case managers must spend the time necessary to evaluate the effectiveness of the service plan and ensure providers are delivering services in accordance with the plan. They must identify changes in the participant's condition or circumstances, and periodically screen for potential risks or concerns. They need to assess the participant's satisfaction with their services and supports, and make adjustments to the plan and with providers, as necessary.

Case Managers must meet specific education and experience requirements. Case Management agencies must be in good standing with the Wyoming Secretary of State

or be County public health nurses.

Home Delivered Meals

- Two service Types: Hot and Frozen
- Providers are held to incident reporting standards if they note concerns with the well-being of the participant
- Providers must:
 - ◆ Have a commercial food service operators license or be permitted by the state in which the preparation facility is located
 - ◆ Be credible and capable to receive Older Americans Nutritional service grants from the Division of Aging

15

Home delivered meals are available to participants when there is no one else in the home who is available to prepare the meals for the participant, meaning that the person who would normally prepare meals is not available to prepare the meal at the time the participant is ready to eat.

The home delivered meals service offers two meal options - hot and frozen, which is reflected in the rates and billing codes. The type of meal is not really about the temperature of the meal, but more about the time and effort that is spent with the provider's preparation and delivery of the meal. Hot meals are defined as meals that are ready-to-eat and are delivered on a daily or semi-daily basis by the meal provider. Frozen meals are defined as meals that are prepared and packaged on a commercial basis, and delivered in bulk through a mail or delivery service.

Providers that deliver meals are held to incident reporting standards. If while they are delivering the meal they note concerns with the participant's well-being, the provider must report the concerns to the participant's case manager and, if necessary, use the Wyoming Health Provider (WHP) Portal to report the incident to the Division.

Home delivered meal providers must have commercial food service operators licensed or be permitted by the state in which the commercial food service preparation facility is located, as well as be credible and capable to receive grants from the Older Americans Nutritional services as determined by the Division of Aging.

Home Health Aide

→ Service may include:

- ◆ Part-time or intermittent assistance with personal care and daily needs
- ◆ Meal preparation
- ◆ Grocery & personal needs shopping
- ◆ Light housekeeping

→ Agencies must:

- ◆ Be licensed by the Wyoming Division of Aging
- ◆ Employ staff certified by the Wyoming Board of Nursing
- ◆ Have an NPI number

16

Home health aide services include part-time or intermittent assistance with personal care and other daily living needs. These services are not meant to provide 24-hour care to the participant and should not be delivered in this manner. If the participant needs this level of care, the home health agency must contact the participant's case manager and ask that further discussion occur regarding the supports and services the participant may need.

Home Health Aide services may include general household tasks such as meal preparation, grocery and personal needs shopping, and light housekeeping. These tasks are incidental to the personal care provided during the visit, and should only be conducted if the participant is unable to complete these tasks and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities.

Home Health agencies are required to be licensed through the Division of Aging. Home Health Aides must be certified by the Board of Nursing as a certified nursing assistant.

Non-Medical Transportation

- Assists participants access waiver and other community services, activities, and resources.
- Medical Transportation is covered by the Medicaid State Plan
- Several service delivery options
- Providers must:
 - ◆ Be eligible to receive public transit funds as determined by the Wyoming Department of Transportation (WYDOT) **or**
 - ◆ Be a licensed Senior Center credible and capable of receiving Older Americans Act Services grants **or**
 - ◆ Be authorized as an intrastate operating authority through WYDOT

17

Non-medical transportation services are available for waiver participants to access waiver and other community services, activities, and resources. This transportation cannot be used for transportation to medical appointments or other medical purposes, as medical transportation is covered by the Medicaid State Plan.

This service offers several delivery options, including a public transit multipass, a service route, and wheelchair accessible and non-wheelchair accessible vehicles. The service route and vehicle options are billed and paid as one-way trips. There is an \$80 a month cap on this service. The Division is aware that this service cap allows for fewer trips for participants who need wheelchair accessible vehicles, and will address this discrepancy in the upcoming waiver amendment.

Non Medical Transportation providers must be eligible to receive public transit funds as determined by the Wyoming Department of Transportation (WYDOT) or be a licensed senior center credible and capable of receiving grants for Older Americans Act services, or be authorized as an intrastate operating authority through WYDOT.

Personal Emergency Response System (PERS)

→ Service Includes:

- ◆ Cellular or landline options
- ◆ Monthly monitoring: includes equipment rental and maintenance; access to a 24 hour response center monitored by live, professional staff; equipment testing and troubleshooting; responses to alerts and alarms

- ◆ Installation: delivery, installation, and activation of all necessary equipment, as well as participant and caregiver training on equipment use.

→ Providers must:

- ◆ Be an authorized dealer, suppliers, or manufacturer of PERS

20

Personal emergency response systems (PERS) allow a participant to call for outside help in an emergency. This service includes electronic devices that are programmed to signal a response center when a help button is activated, which enables the participant to secure this help in an emergency. This service is limited to participants who can demonstrate the need, such as participants who live alone or are alone a significant portion of the day, or who live with others who are unable to help in an emergency.

The service includes billing options for monthly monitoring and installation. The monthly monitoring service includes:

- equipment rental and maintenance;
- access to a 24 hour response center monitored by live, professional staff;
- equipment testing and troubleshooting;
- responses to alerts and alarms; and
- documentation of communications with participants, caregivers, case managers, and first responders.

The monthly monitoring unit may not be billed when equipment is inoperable.

The installation service is billed separately and includes the delivery, installation, and activation of all necessary equipment, as well as participant and caregiver education and training on equipment use.

PERS includes a cellular and landline option. The cellular option allows participants

to use the service in locations other than their home, such as when they are shopping or participating in community activities.

Providers must produce documentation that the agency is an authorized dealer, supplier, or manufacturer of Personal Emergency Response Systems.

Personal Support Services

- Service includes:
 - ◆ Part-time or intermittent assistance to accomplish activities of daily living
 - ◆ General household tasks
- Two (2) service delivery options: Agency-based and Participant-directed
- Agency-based providers must:
 - ◆ Be licensed by the Division of Aging
- Personal support assistance by non-licensed or non-certified employees of a home health agency is limited and may not include hands-on assistance.

19

Personal support services are a part-time or intermittent service that provides participants with assistance to accomplish activities of daily living. This assistance may take the form of hands-on assistance or prompting the participant to perform a task. Personal support services may also consist of general household tasks when the participant is unable to perform such tasks and the individual who is regularly responsible for these activities is temporarily absent or unable to conduct these activities.

Personal Support Services have two options, an agency-based option and a participant-directed option. When a participant chooses the participant-directed service delivery model, they act as the employer and are responsible for recruiting their own employees to provide the services. Employees of the participant under participant-direction must meet the service definition during service delivery.

Agency-based providers must be a home health agency licensed by the Division of Aging. Personal support assistance delivered by non-licensed or non-certified employees of a home health agency is limited to prompting the participant to perform activities of daily living and may not include hands-on assistance.

Respite

- Short-term, temporary service for participants whose primary caregiver is not available or in need of relief
- Three (3) service delivery types:
 - ◆ In-home
 - ◆ ALF
 - ◆ Skilled Nursing Facility
- Providers must be:
 - ◆ Licensed Home Health Agency through the Division of Aging
 - OR**
 - ◆ Licensed ALF through the Division of Aging
 - OR**
 - ◆ Licensed Skilled Nursing Facility through the Division of Aging

20

Respite is a short-term service provided to participants who are unable to care for themselves and need support because the individuals who normally provide care are either absent or in need of relief. This service may be provided in the participant's home, in an assisted living facility, or in a skilled nursing facility.

Respite providers must be licensed by the Division of Aging.

Skilled Nursing

- Part-time or intermittent nursing care
- HCBS Skilled nursing not limited to rehabilitative services
- Service does not include companionship or other recreational activities
- Two (2) service delivery options:
 - ◆ Registered Nurse (RN)
 - ◆ Licensed Practical Nurse (LPN)
- Providers must:
 - ◆ Be licensed by the Wyoming Board of Nursing

21

Skilled nursing services include part-time or intermittent skilled nursing care that is delivered within the scope of practice and required to be delivered by a nurse within their scope of practice as defined under the Wyoming Nurse Practice Act.

HCBS skilled nursing services differ in nature and scope from Medicaid State Plan skilled nursing services. HCBS skilled nursing services are not limited to rehabilitative services, may be provided on a long-term basis, and are not subject to a physician's review every 60 days. Skilled nursing services may not include companionship or other services which are diversional or recreational in nature.

The two service delivery options available for this service include services delivered by a Registered Nurse (RN) and services delivered by a Licensed Practical Nurse (LPN).

HCBS Services: New and Other

- HCBS regularly monitors service utilization
- Providers can offer suggestions for new services or changes to existing services:
 - ◆ [HCBS Suggestions Box](#)
 - ◆ Support Calls
 - ◆ Public Comment Period
 - ◆ Rate Studies



25

As we previously covered, CCW services have a variety of origins. They can be extensions to Medicaid State Plan services, statutorily required or other. So how do we get “other” services? The HCBS Section regularly reviews service utilization to ensure that the services available are meeting all of the needs of waiver participants.

As a provider, you can also offer feedback about ideas for new services or changes to existing services. The HCBS Section website has a suggestion box that allows you to submit your service suggestions and recommendations. Provider support calls are provided on a bi-monthly schedule and are another place where information and feedback regarding services can be exchanged. Additionally, as we previously discussed, HCBS services are outlined, described, and approved as part of the CCW agreement. CMS requires that changes to the waiver include a public comment period. Public comment regarding services is often the most effective method of providing feedback on services available through the CCW. The HCBS section is currently seeking public comment on proposed CCW services. The draft service definitions and other information about the proposed services is available on the [American Rescue Plan Act of 2021 - HCBS Programs](#) page of the Division’s website, located under the Public Input Opportunities heading. Public comment will be accepted through August 31, 2022.

The HCBS Section periodically conducts a rate study to ensure waiver services are cost effective, and encourages providers to assist by providing information regarding the services and cost of delivering those services. The HCBS Section contracts for the study, so the contractor may reach out to providers directly to collect the

information necessary to calculate service rates as needed.

Key Takeaways

- CCW offers a diverse array of person-centered services.
- The Service Index is a valuable tool and is always available on the [Service Definitions and Rates page](#) of the HCBS website.
- You are part of the CCW team! Feedback about services and service delivery are crucial to improving the CCW for everyone.



23

As we wrap up today's refresher of the CCW Service Index, we want to sum up today's training in a few key points.

First, the CCW offers a diverse array of services to meet the needs of the participants, not met through other funding sources such as Medicare, the Medicaid State Plan, or other resources. The CCW is the payer of last resort, which may require additional community resources to meet all of the participant's needs.

Second, the CCW Service Index can be a valuable tool for providers and participants of the CCW. The Service Index contains the definitions for all of the services, including their scope and limitations. The array of services requires different provider skill sets and qualifications, which are also located within the service's definition. The Service index is always available on the Service Definitions and Rates page of the HCBS website.

Finally, You are a part of the CCW team! The HCBS Section and providers must work together to improve the CCW and its services. As part of the team, we want to encourage providers to offer feedback on services and waiver changes during public comment periods, use the suggestion box on the website, file complaints as necessary, and communicate concerns and barriers to services. We appreciate your contributions and assistance in shaping a program that will continue to serve Wyoming's aging population.



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SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Thank you!

Got Questions? Enter them in the chat now

Or contact the Credentialing team for more information

wdh-hcbs-credentialing@wyo.gov

24

Thank you for joining us for today's training. If you have any questions or concerns we would be happy to address them now in the chat.

Please feel free to contact the HCBS Section for more information.